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Informational Notice

DATE: December 16, 2005

TO: Participating Transportation Providers

RE: Prior Approval Number Required

Effective with claims received by the department on, or after, February 1, 2006, the prior approval number that is assigned by the department's NETSPAP contractor, First Transit, Inc., will be required on all claims for non-emergency transportation services. This requirement applies to all non-emergency claims regardless of the date of service. Claims for emergency transportation services or those medical services for which a prior approval is not required are not affected by this change.

The prior approval number will be used to identify the specific prior approval on which the claim will be edited. If the prior approval number field on the claim form is blank, or if the prior approval number submitted does not match a prior approval number on the department's system, the claim will reject for X73, Missing/Invalid Prior Approval Number. For non-emergency transportation claims, providers will no longer receive the R09, Prior Approval Required error code message. The X73 will replace the R09 code.

The prior approval number can be found on the prior approval letter generated by the department. It can take up to ten business days after receiving prior approval authorization from First Transit, for the letter to be generated and mailed by the department. Transportation providers can expedite receipt of the information on the approval letters through an online program called PassPORT. This program is offered by First Transit, and is only available to transportation providers. If you are interested in gaining access to PassPORT, call First Transit at 1-877-725-0569 and select the transportation provider queue, option Number 5.

Instructions for Paper Claims:

On the DPA 2209, Transportation Invoice, the prior approval number must be reported in the Prior Approval Number field for each service section completed.

Instructions for Electronic Claims:

In accordance with the 837P Implementation Guide, the prior approval number must be entered at the claim level reported in Loop 2300, REF02, Prior Authorization or Referral Number. When completing the service line level in Loop 2400, if the prior approval number for the service line is different than the number reported in Loop 2300 at the claim level, enter the appropriate prior approval number at the service line level.

Providers wishing to receive e-mail notification, when new provider information has been posted by the department, may register at the following HFS Web site:

<http://www.hfs.illinois.gov/provrel>

Electronic claim submission via the Internet is available by registering on the department's Medical Electronic Data Interchange, Internet Electronic Claims (MEDI/IEC) System at:

<http://www.myhfs.illinois.gov/>

The MEDI/IEC System is available to enrolled providers and their authorized staff, claim submitting agents and payees. During the registration process, you will be given access to specific claim formats based upon your enrollment status with the department.

Questions regarding this notice may be directed to the Bureau of Comprehensive Health Services at 1-877-782-5565.

Anne Marie Murphy, Ph.D.
Administrator
Division of Medical Programs